TPN96702				NORTH CAROLINA		PACE	. 1	
	07/20/2004			NORTH CAROLINA S CHECKWRITE SUMMARY REPORT		PAGE		
				HECKWRITE DATE: 07/20/2004				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8935	3	ASTNC INELIGIBLE TO RECEIVE SE				
	H/DD/SAS			RVICES IN IPRS.				
		0517		CLAIMS DENTED GUDMINEED DEVON				
		8517	1	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY	3	4	62	58
				THROUGH APRIL DOS MUST BE SUBM				
3404902	BLUE RIDGE COMM	8525	31	CLAIM DENIED, REFERRING PROVID				
	UNITY			ER MUST BE AN LMA.				
		0	0					
		U	U		0	31	31	0
3404904	WESTERN HIGHLAN	8517	51	CLAIMS DENIED, SUBMITTED BEYON				
	DS LME			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
					1			
		8599	10	DETAIL NOT COVERED BY COMBINAT	1	76	129	53
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENSE LI FRURROS.				
	1	167	10	NO CHARGE BILLED. ENTER BILLED				
	1			AMOUNT AND SUBMIT DETAIL AS				
				A NEW CLAIM				
3404905	TREND COMM MENT	8525	105	CLAIM DENIED, REFERRING PROVID				
	AL HLTH CTR			ER MUST BE AN LMA.				
		8326	19	ATTENDING PROVIDER NUMBER IS R	0	124	124	
				EQUIRED WHEN BILLED WITH GROUP	0	124	124	
				NUMBER. ADD ATTENDING NUMBER A				
3404907	RUTHERFORD-POLK	8525	330	CLAIM DENIED, REFERRING PROVID				
				ER MUST BE AN LMA.				
		191	29	CLIENT ID NUMBER DOES NOT MATC		250	250	
				H PATIENT NAME	0	359	359	U
3404910	PATHWAYS	8517	941	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8599	236	DETAIL NOT COVERED BY COMBINAT	0.0	4044	40746	44400
	1			ION OF RECIPIENT, PROVIDER AND	86	1344	12746	11402
	1			BENEFIT PACKAGE.				
		8931	75	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
					1			
3404912	CAMANDA COUNTRA	8931	151	AMTNC INELIGIBLE TO RECEIVE SE				
	CATAWBA COUNTYM ENTAL HEALT			RVICES IN IPRS.				
	LOVING READT			**				
		8599	50	DETAIL NOT COVERED BY COMBINAT	192	305	1818	1513
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8517	38	CLAIMS DENIED, SUBMITTED BEYON				
		0311	-0	D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404913	MECKLENBURG COM	8327	1362	ATTENDING PROVIDER NUMBER IS I				
	ENTAL HEALT			NVALID. VERIFY ATTENDING	1			
				PROVIDER NUMBER AND SUBMIT AS				
	1	8933	1063	ADTNC INELIGIBLE TO RECEIVE SE	1			
		0933	1003	ADTING INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	1650	4126	12351	8225
		8517	445	CLAIMS DENIED, SUBMITTED BEYON				
			1	D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				

PROVIDER NUMBER	I			1				
		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404916	CROSSROADS BEHA	8599	17	DETAIL NOT COVERED BY COMBINAT				
	VIORAL HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		273	4	FULL RECOUPMENT, PER YOUR REQU	0	27	443	416
				EST.				
		8517	4	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404917	CENTERPOINT HUM	8599	85	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8326	81	ATTENDING PROVIDER NUMBER IS R	8	191	451	260
				EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
		0.54.5	1.0					
		8517	12	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
		1		THROUGH APRIL DOS MUST BE SUBM				
040404		0547						
3404918	ROCKINGHAM CO M	8517	191	CLAIMS DENIED, SUBMITTED BEYON				
	ENTAL HEALT	1		D FILING TIMELIMIT. JULY				
		1		THROUGH APRIL DOS MUST BE SUBM				
		0500						
		8599	100	DETAIL NOT COVERED BY COMBINAT	30	419	3272	2853
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	66	DUPLICATE OF CLAIM-SYSTEM				
3404919	GUILFORD CO MEN	8599	61	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	8	ASTNC INELIGIBLE TO RECEIVE SE	8	83	3155	3072
				RVICES IN IPRS.				
		21	7	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASWEL	8599	86	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	29	DUPLICATE OF CLAIM-SYSTEM	13	162	5184	5022
		8517	27	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404921	ORANGE PERSON C	5312	241					
3404921		5312	241	THROUGH APRIL DOS MUST BE SUBM				
3404921	ORANGE PERSON C	5312	241	THROUGH APRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE				
3404921				THROUGH APRIL DOS MUST BE SUBM FRIOR AUTHORIZED DOLLARS EXCEE DED				
3404921		5312	241	THROUGH APRIL DOS MUST BE SUBM FRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT	46	575	3151	2576
3404921				THROUGH APRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	46	575	3151	2576
3404921				THROUGH APRIL DOS MUST BE SUBM FRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT	46	575	3151	2576
3404921			135	THROUGH APRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	46	575	3151	2576
3404921				THROUGH APRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DIAGNOSIS CODE MISSING OR INVA	46	575	3151	2576
3404921		8599	135	THROUGH APRIL DOS MUST BE SUBM FRIOR AUTHORIZED DOLLARS EXCEE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE	46	575	3151	2576
3404921		8599	135	THROUGH APRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DIAGNOSIS CODE MISSING OR INVA	46	575	3151	2576
		8599	135	THROUGH APRIL DOS MUST BE SUBM FRIOR AUTHORIZED DOLLARS EXCEE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE	46	575	3151	2576
3404921		8599	135	THROUGH APRIL DOS MUST BE SUBM FRIOR AUTHORIZED DOLLARS EXCEE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE	46	575	3151	2576
	HATHAM AREA	8599	135	THROUGH APRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. WENIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	46	575	3151	2576
	HATHAM AREA THE DURHAM CENT	8599	135	THROUGH APRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. WENIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	46	575	3151	2576
	HATHAM AREA THE DURHAM CENT	8599	135	THROUGH APRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. WENIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	46	575	3151	2576
	HATHAM AREA THE DURHAM CENT	8599	135	THROUGH APRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. WENIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	46	575	3151	2576
	HATHAM AREA THE DURHAM CENT	8599	135	THROUGH APRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. WENIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	46	575	3151	2576
3404922	HATHAM AREA THE DURHAM CENT	8599 27 0	135	THROUGH APRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB NO DATA TO REPORT	46	575	3151	2576
	HATHAM AREA THE DURHAM CENT	8599	135	THROUGH APRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. WENIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	46	575	3151	2576
3404922	HATHAM AREA THE DURHAM CENT ER VOEW AREA AUTHO	8599 27 0	135	THROUGH APRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB NO DATA TO REPORT	46	575	3151	2576
3404922	HATHAM AREA THE DURHAM CENT ER	8599 27 0	135	THROUGH APRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VENIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB *** NO DATA TO REPORT *** CLAIMS DENIED, SUBMITTED BEYON	46	575	3151	2576
3404922	HATHAM AREA THE DURHAM CENT ER VOEW AREA AUTHO	8599 27 0	135	THROUGH AFRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB *** NO DATA TO REPORT *** CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY	46	575	3151	2576
3404922	HATHAM AREA THE DURHAM CENT ER VOEW AREA AUTHO	8599 27 0	135	THROUGH AFRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB *** NO DATA TO REPORT *** CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY	0	0	0	C
3404922	HATHAM AREA THE DURHAM CENT ER VOEW AREA AUTHO	8599 27 0 0	135	THROUGH AFRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED OBTAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LIO. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB *** NO DATA TO REPORT *** CLAIMS DENIED, SUBMITTED BEYON O FILING THRELIMIT, JULY THROUGH AFRIL DOS MUST BE SUBM	0	0	0	0
3404922	HATHAM AREA THE DURHAM CENT ER VOEW AREA AUTHO	8599 27 0 0	135	THROUGH AFRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB *** NO DATA TO REFORT *** CLIAIMS DENIED, SUBMITTED BEYON D FILING TIMELIBIT. JULY THROUGH AFRIL DOS MUST BE SUBM CLIENT ID NUMBER DOES NOT MATC	0	0	0	C
3404922	HATHAM AREA THE DURHAM CENT ER VOEW AREA AUTHO	8599 27 0 0	135	THROUGH AFRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB *** NO DATA TO REFORT *** CLIAIMS DENIED, SUBMITTED BEYON D FILING TIMELIBIT. JULY THROUGH AFRIL DOS MUST BE SUBM CLIENT ID NUMBER DOES NOT MATC	0	0	0	C
3404922	HATHAM AREA THE DURHAM CENT ER VOEW AREA AUTHO	8599 27 0 0	135	THROUGH AFRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB *** NO DATA TO REFORT *** CLIAIMS DENIED, SUBMITTED BEYON D FILING TIMELIBIT. JULY THROUGH AFRIL DOS MUST BE SUBM CLIENT ID NUMBER DOES NOT MATC	0	0	0	0
3404922	HATHAM AREA THE DURHAM CENT ER VOEW AREA AUTHO	8599 27 0 0 9517	135	THROUGH APRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB *** NO DATA TO REPORT *** CLAIMS DENIED, SUBMITTED BEYON OF FILING TIMELIBHIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT ID NUMBER DOES NOT MATC R PATIENT NAME	0	0	0	0
3404922	HATHAM AREA THE DURHAM CENT ER VOEW AREA AUTHO	8599 27 0 0 9517	135	THROUGH AFRIL DOS MUST BE SUBM PRIOR AUTHORIZED DOLLARS EXCEE DED ORTAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LIO. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB *** NO DATA TO REPORT *** CLAIMS DENIED, SUBMITTED BEYON O FILING TIMELIMIT, JULY THROUGH AFRIL DOS MUST BE SUBM CLIENT ID NUMBER DOES NOT MATC R PATIENT NAME DETAIL NOT COVERED BY COMBINAT	0	0	0	0

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	DIGGD Y DOY ON	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	CAMPUTATO ORNER	8599	702	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8517	186	CLAIMS DENIED, SUBMITTED BEYON	135	1226	9051	7825
				D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
				THROUGH AFRIL DOS MUSI BE SUBM				
		8935	100	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404926	SOUTHEASTERN RE	8329	1901	CLAIM DENIED ATTENDING PROVIDE				
	G MENTAL HL			R CANNOT BE THE SAME AS THE LMA				
		8000	115	NO RATE AVAILABLE ON FILE TO P	26	2266	4316	2050
				RICE THIS CLAIM DETAIL				
		8599	86	DETAIL NOT COVERED BY COMBINAT				
			+	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				-
			+					
3404927	CUMBERLAND CO M	8517	63	CLAIMS DENIED, SUBMITTED BEYON				
	HC			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8599	30	DETAIL NOT COVERED BY COMBINAT	3	120	3444	3324
			-	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACRAGE.				
		5404	14	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404929	LEE HARNETT MH/	21	8427	DUPLICATE OF CLAIM-SYSTEM				
	DD/SAS							
		5404	583	SEVERE DUPLICATE: SAME ATTD PR		0770	44640	4074
				OV/PCODE/TOS/DOS/MOD	Z	9778	14649	4871
		8517	441	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404930		8599		DETAIL NOT COVERED BY COMBINAT				
3404930	JOHNSTON COUNTY	6333	0	ION OF RECIPIENT, PROVIDER AND				
	MNTL HLTHC			BENEFIT PACKAGE.				
		191	3	CLIENT ID NUMBER DOES NOT MATC	0	11	2049	2038
				H PATIENT NAME				
		5404	2	ATTITUTE DUDY TONES, AND ARED DO				
		2404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
			+	,				
			+					
3404931	WAKE CO HUM SVC	8599	812	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0545						
		8517	572	CLAIMS DENIED, SUBMITTED BEYON	0	1385	2609	1224
			_	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
			+	AMOUGH AFAIR DOS NOST BE SUBM				-
		8327	1	ATTENDING PROVIDER NUMBER IS I				-
			_	NVALID. VERIFY ATTENDING				
				PROVIDER NUMBER AND SUBMIT AS				
3404933	SOUTHEASTERN CT	11	215	CLIENT NOT ELIGIBLE ON SERVICE				
	R FOR MH/DD		4	DATE				
			-					
		8000	60	NO RATE AVAILABLE ON FILE TO P	_			4.5.5.5
		0000	-	RICE THIS CLAIM DETAIL	9	388	1770	1382
			+			1		
			_					
		8599	36	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				<u> </u>				
	i i	1			1	1	l	1

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PROVIDER	<u> </u>	HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404934	ONSLOW COUNTY B	23	447	SERVICE REQUIRES PRIOR APPROVA				-
	EHAVIORAL H			L				
		8517	6	CLAIMS DENIED, SUBMITTED BEYON	0	457	472	15
				D FILING TIMELIMIT. JULY	0	437	472	13
				THROUGH APRIL DOS MUST BE SUBM				
		120	4	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
								—
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8931	17	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		8517	16	CLAIMS DENIED, SUBMITTED BEYON	20		2705	2721
				D FILING TIMELIMIT. JULY	20	64	2795	2731
				THROUGH APRIL DOS MUST BE SUBM				
	-	120	9	CLIENT ID NUMBER MISSING OR IN				
		1		VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404937	PDCPCOMPT NAGE	0	0	*** NO DATA TO REPORT ***				
3404337	EDGECOMBE NASH MNTL HLTH C			NO BILL TO MITORI				
	-	0	0			^		_
		1	-		0	0	0	0
3404938	RIVERSTONE MENT	8517	1051	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				-
	AL HEALTH C			THROUGH APRIL DOS MUST BE SUBM				
		0.004						
		8621	18	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED	14	1104	1659	555
				FOR ADDITIONAL SERVICE.				
		8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				-
				BENEFIT PACKAGE.				
3404939	NEUSE MENTAL HE	8599	72	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				—
	ALTH CENTER			BENEFIT PACKAGE.				
		120	53	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	23	268	4034	3766
				AS A NEW CLAIM				
		8517	48	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404941	PITT CO MH/DD/S	8599	248	DETAIL NOT COVERED BY COMBINAT				\vdash
	AS CENTER	1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	170	CLAIMS DENIED, SUBMITTED BEYON	39	601	2301	1700
				D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		11	36	CLIENT NOT ELIGIBLE ON SERVICE DATE				—
		1						
3404942	ROANOKE CHOWANH	8599	66	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	UMAN SERVIC	1		BENEFIT PACKAGE.				
		143	10	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	14	102	877	775
	<u> </u>	 						
		2024						
		8931	/	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				-
		+						
3404943	ALBEMARLE MENTA	8329	317	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS				
	L HEALTH CE	1		R CANNOT BE THE SAME AS THE LMA				
		8599	86	DETAIL NOT COVERED BY COMBINAT	46	572	1035	463
-	-	1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		537	44	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
-	-	1		MID DATA OF SERVICE				$\vdash \vdash \vdash$
				-				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	THOUSEN MAIN				DENTITED	DEWITED	TIMIDIDD	111111
3404944	EASTPOINTE HUMA	8599	144	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES			ION OF RECIPIENT, PROVIDER AND				
	N DIATY LODIO			BENEFIT PACKAGE.				
		21	53	DUPLICATE OF CLAIM-SYSTEM	54	287	2152	1865
		8931	41	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404946	FOOTHILLS AREAM	8517	169	CLAIMS DENIED, SUBMITTED BEYON				
	ENTAL HEALT			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		191	65	CLIENT ID NUMBER DOES NOT MATC	11	249	1608	1359
				H PATIENT NAME	-			
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404957	TIDELAND MENTAL	8599	132	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	29	AMTNC INELIGIBLE TO RECEIVE SE	47	217	3214	2997
				RVICES IN IPRS.				
		10	25	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HLTH CT							
		0	0		0	0	0	0
							_	
3404979	NEW RIVER AREAM	8599	343	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SA PRO			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	187	AMTNC INELIGIBLE TO RECEIVE SE	216	759	11897	11138
				RVICES IN IPRS.				-
		191	53	CLIENT ID NUMBER DOES NOT MATC				
			1	H PATIENT NAME				